

(1)

*b7A*

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	D9060294	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

<span style="font-size: 2em;">(2)</span> <b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>								SERIAL NO.		FILING DATE		
								<i>09060294</i>				
								APPLICANT(S)				
<b>CLAIMS</b>												
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
		IND.	DEP.	IND.	DEP.	IND.	DEP.	*	IND.	DEP.	*	IND.
/01				1			51					
/02				1			52					
/03				1			53					
/04				1			54					
/05				1			55					
/06				1			56					
/07				1			57					
/08				1			58					
/09				1			59					
/10				1			60					
/11				1			61					
/12				1			62					
/13				1			63					
/14				1			64					
/15				1			65					
/16				1			66					
/17				1			67					
/18				1			68					
/19				1			69					
/20				1			70					
/21				1			71					
/22				1			72					
/23				1			73					
/24				1			74					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					